



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Patent Application No.: 10/735,394

Confirmation No.: 1710

Applicants: Peter EUTENEUER *et al.*

Customer No.: 24041

Filed: December 12, 2003

For: INVERTED MICROSCOPE HAVING A BINOCULAR/PHOTO TUBE

TC/Art Unit: 2872

Examiner: Joshua L. PRITCHETT

Docket No.: LWEP:121US

Certificate of Mailing by First Class Mail

I certify that this Request for Continued Examination is being deposited on August 10, 2007 with the U.S. Postal Service as first class mail under 37 C.F.R. §1.8 and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Robert C. Atkinson
Regis. No. 57,584

REQUEST FOR CONTINUED EXAMINATION

Mail Stop RCE
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Honorable Sir:

This Request for Continued Examination (RCE) is a reply to the Office Action dated May 16, 2007 regarding the above-identified patent application. Support for this RCE is as follows:

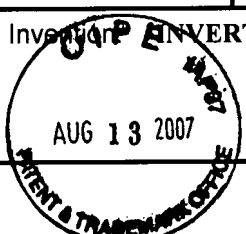
Amendments to the Claims is reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 12 of this paper.

A check in the amount of \$840.00 is enclosed for the RCE Filing Fee and one additional claim fee.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. LWEP:121US	
Applicant(s): PRICHETT et al.					
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/735,394	December 12, 2003	Joshua L. Pritchett	24041	2872	1710

Invention: **INVERTED MICROSCOPE HAVING A BINOCULAR/PHOTO TUBE**



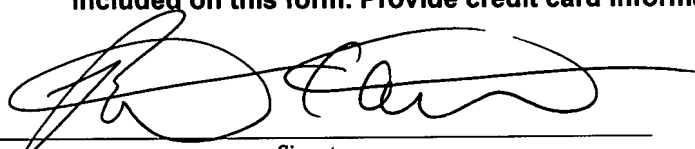
COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.
 The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	52 -	51 =	1	x \$50.00	\$50.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$50.00	

☐ No additional fee is required for amendment.
☐ Please charge Deposit Account No. _____ in the amount of _____
☒ A check in the amount of **\$840.00** to cover the filing fee is enclosed.
☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **50-0822**
☒ Any additional filing fees required under 37 C.F.R. 1.16.
☒ Any patent application processing fees under 37 CFR 1.17.
☐ Payment by credit card. Form PTO-2038.

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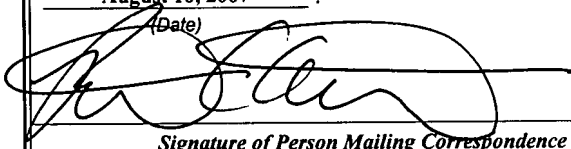
Signature

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Dated: **August 10, 2007**

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August 10, 2007
(Date)



Signature of Person Mailing Correspondence

Robert C. Atkinson, Esq.

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cc: **RCA/MLS**